



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Key and Vulnerable Populations

PEPFAR Mozambique | March 9, 2022

Presenters: Nuno Gaspar, USAID
Backup: Goncalves Maibaze, CDC

19 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Coverage Among Key Populations: COP21-COP22

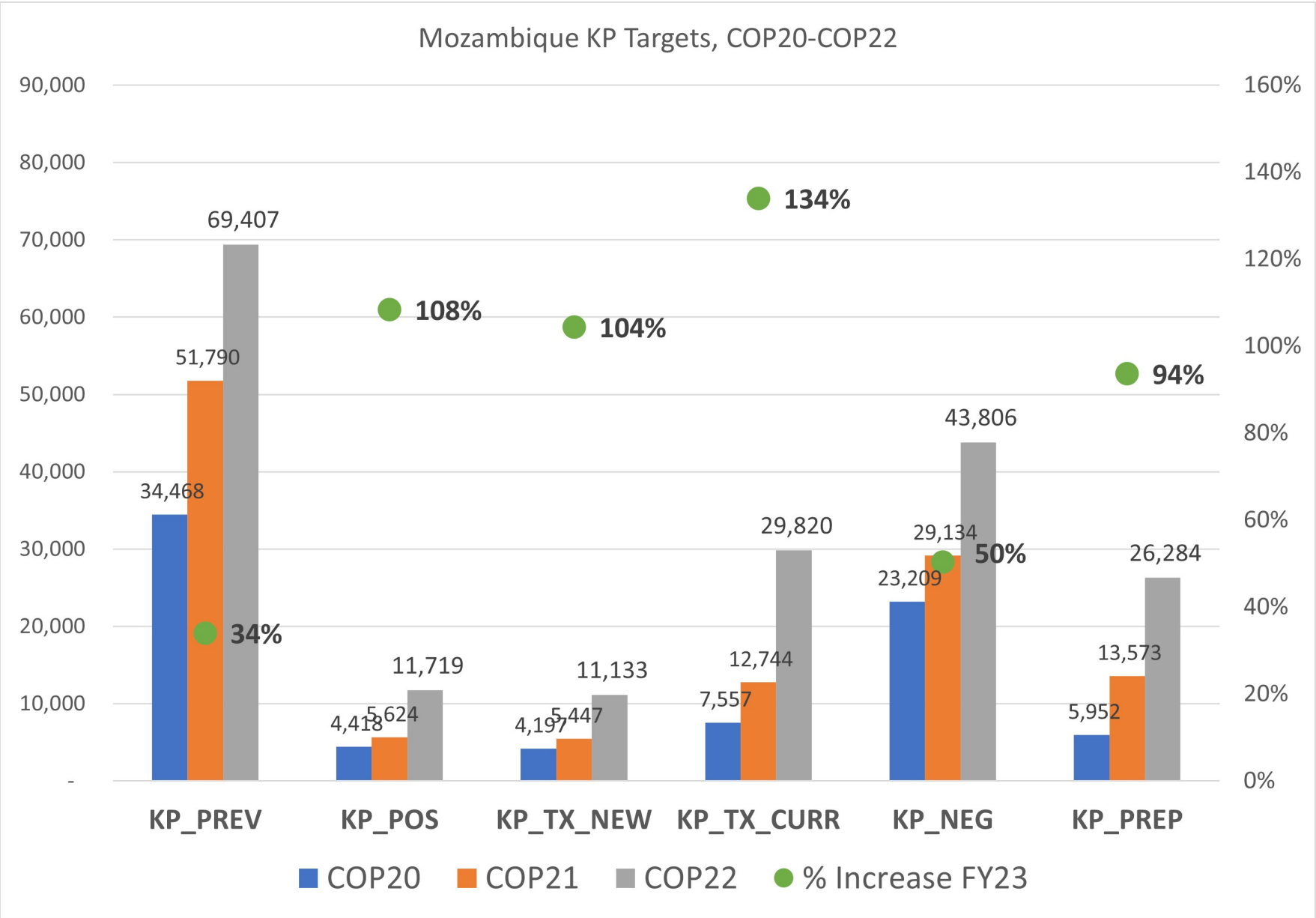
Key Population	National KP Population Size Estimate (INS/MISAU, 2019)	COP21 PEPFAR KP Reach Targets	COP21 KP Reach Targets (Global Fund + PEPFAR)	COP21 Joint Coverage % (Including Global Fund and PEPFAR Targets)	COP22 PEPFAR KP Reach Targets	COP22 KP Reach Targets (Global Fund + PEPFAR)	COP22 Joint Coverage % (Including Global Fund and PEPFAR Targets)
FSW	86,232	26,343	68,935	80%	28,128	68,986	80%
MSM	38,473	14,837	24,953	65%	22,505	30,778	80%
PWID	12,366	1,859	1,858	15%	7,281	9,893	80%
Prisoners	N/A	8,130	8,130	N/A	8,260	10,988	N/A
Total	145,201	51,169	103,876	72%	68,786	117,917	80%

- KP_PREV targets for COP22 aimed at achieving 80% coverage of all KP groups, in all provinces.

- Significant increases in KP_PREV targets for MSM & PWID, where coverage in COP21 was lower.

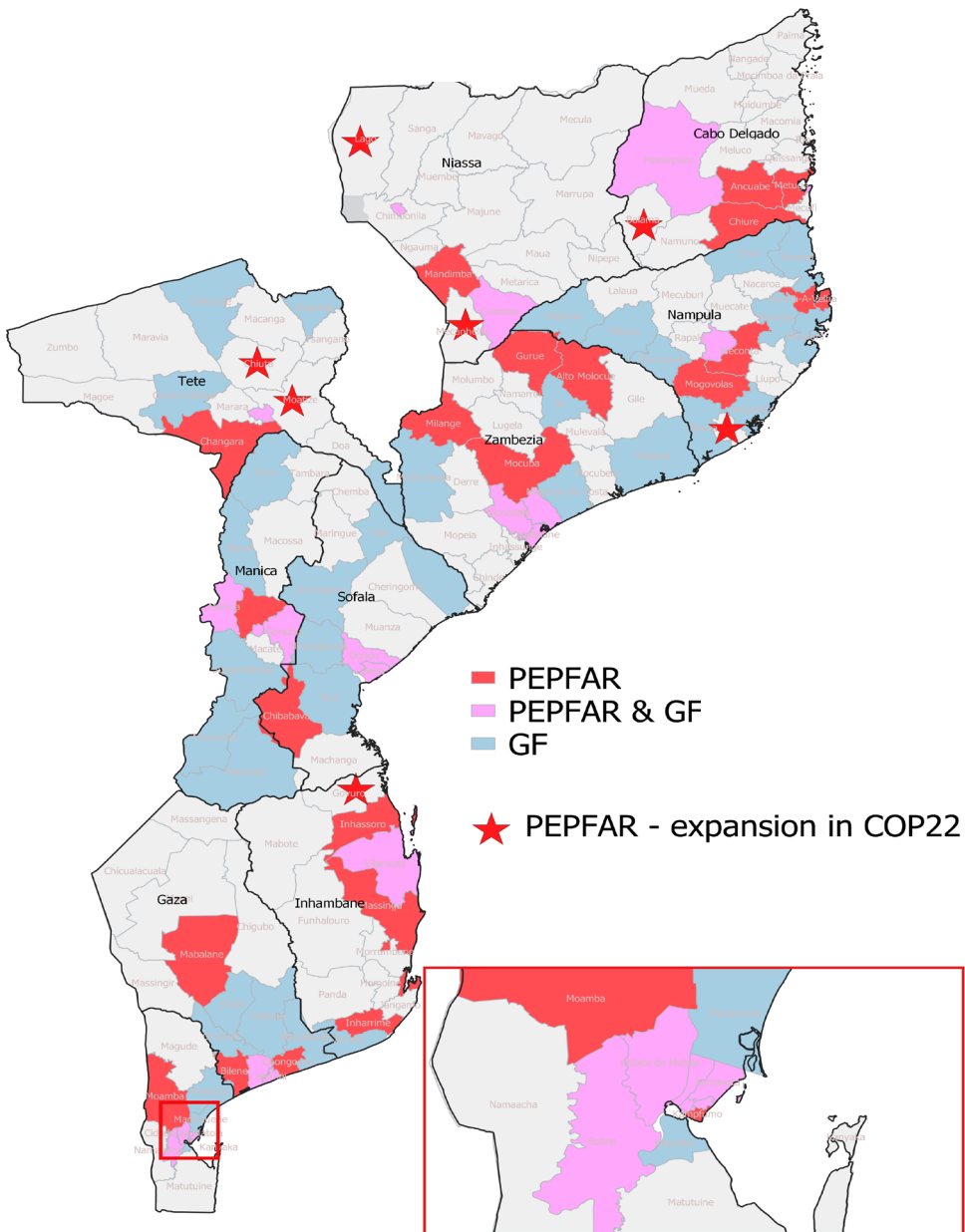
- To achieve these increases, efficiencies will be gained through direct local awards.

Continued Increases in Core KP Targets; Requiring Steady Efficiency Gains



- Ambitious PEPFAR targets for reaching, testing, linking, and enrolling eligible HIV negative KP on PrEP
- Increased targets in COP21 & COP22 aimed at improving KP coverage
- Do not reflect increased PEPFAR KP budgets
- Efficiencies in community KP reach targets through a shift towards local-awards
- Efficiencies in KP testing targets by sharing more targets in COP22 with clinical IPs

Expanding Geographic Coverage of Key Populations in COP22

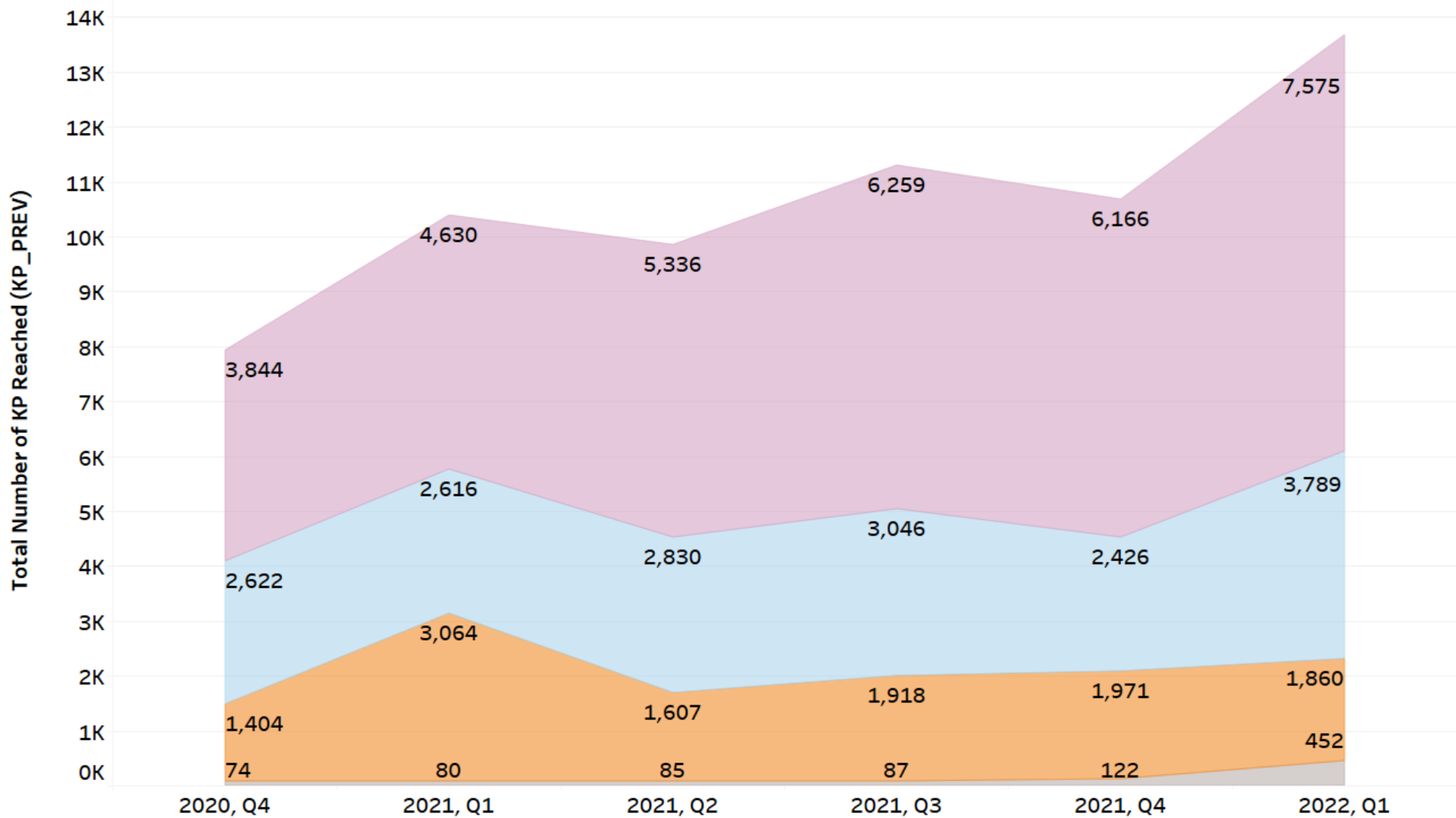


Province	District	KP Sub-Pop	Estimated Reachable Pop Size for COP22
Cabo Delgado	Balama	FSW	80
Cabo Delgado	Montepuez	Prisoners	130
Cabo Delgado	Pemba	PWID	15
Gaza	Xai-Xai	PWID	77
Inhambane	Govuro	FSW	350
Nampula	Monapo	Prisoners	88
Nampula	Nacala Porto	Prisoners	102
Niassa	Lago	FSW	230
Niassa	Mecanhelas	FSW	60
Tete	Chiuta	FSW	50
Tete	Moatize	MSM	30
Zambézia	Mocuba	HSH	200
Total			1,412

- Close collaboration with Global Fund to map KP coverage, and avoid duplication, in all Provinces;
- For COP22, PEPFAR sought input from KP-led CBOs to identify additional, underserved KP;
- Proposed expansion within 12 districts to meet these KP-specific coverage gaps in COP22.

Increasing Numbers of KP Reached by Community-Based IP in COP20-21

Number of Key Populations Reached by PASSOS (FHI360) Community-Based Program, by Quarter, FY 2020 Q4-FY22 Q1



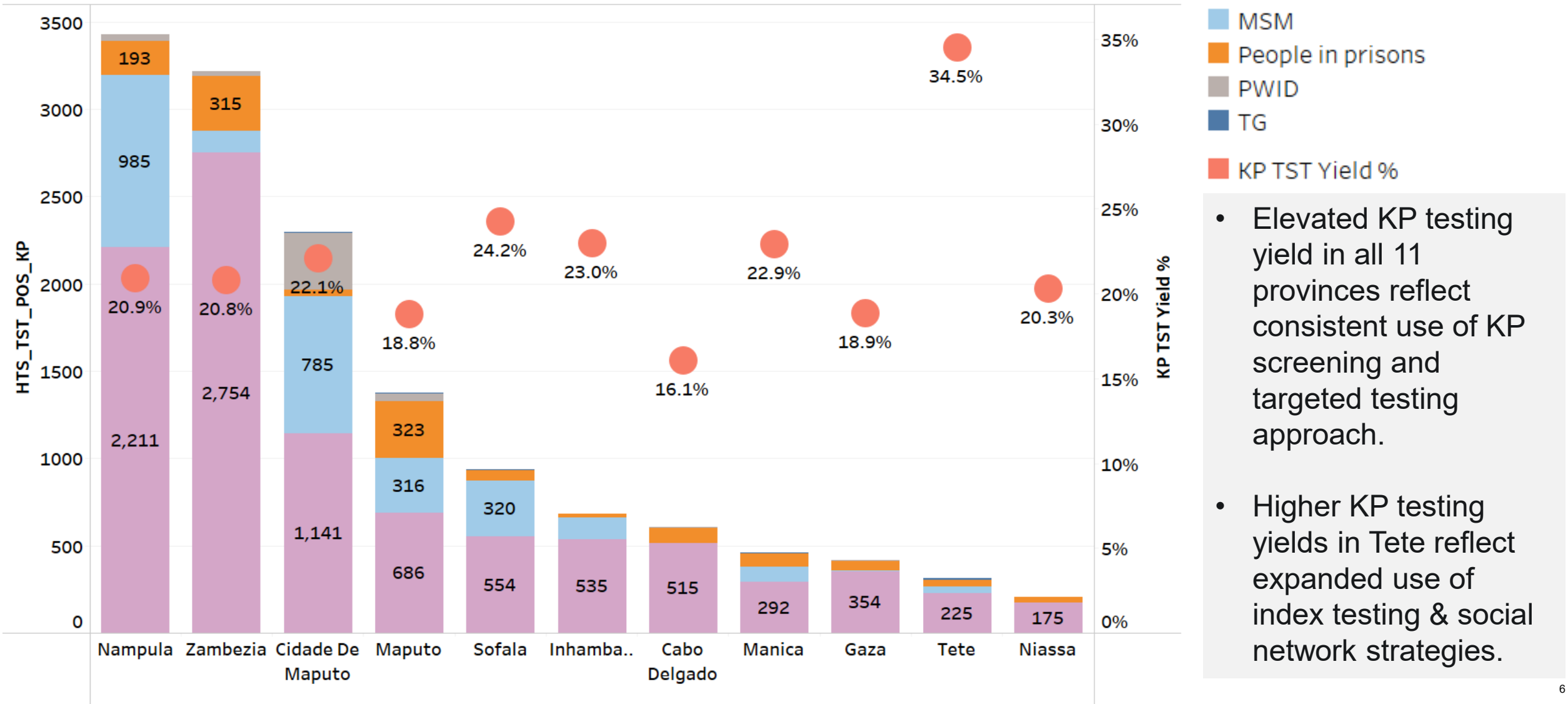
Key Population

- FSW
- MSM
- Prisoners
- PWID

- PEPFAR community-based KP program continues to reach more KP each quarter;
- Reflects increasing coverage of KP during FY20-FY21;
- As of FY22Q1, on-track to reach ambitious COP21 KP_PREV targets.

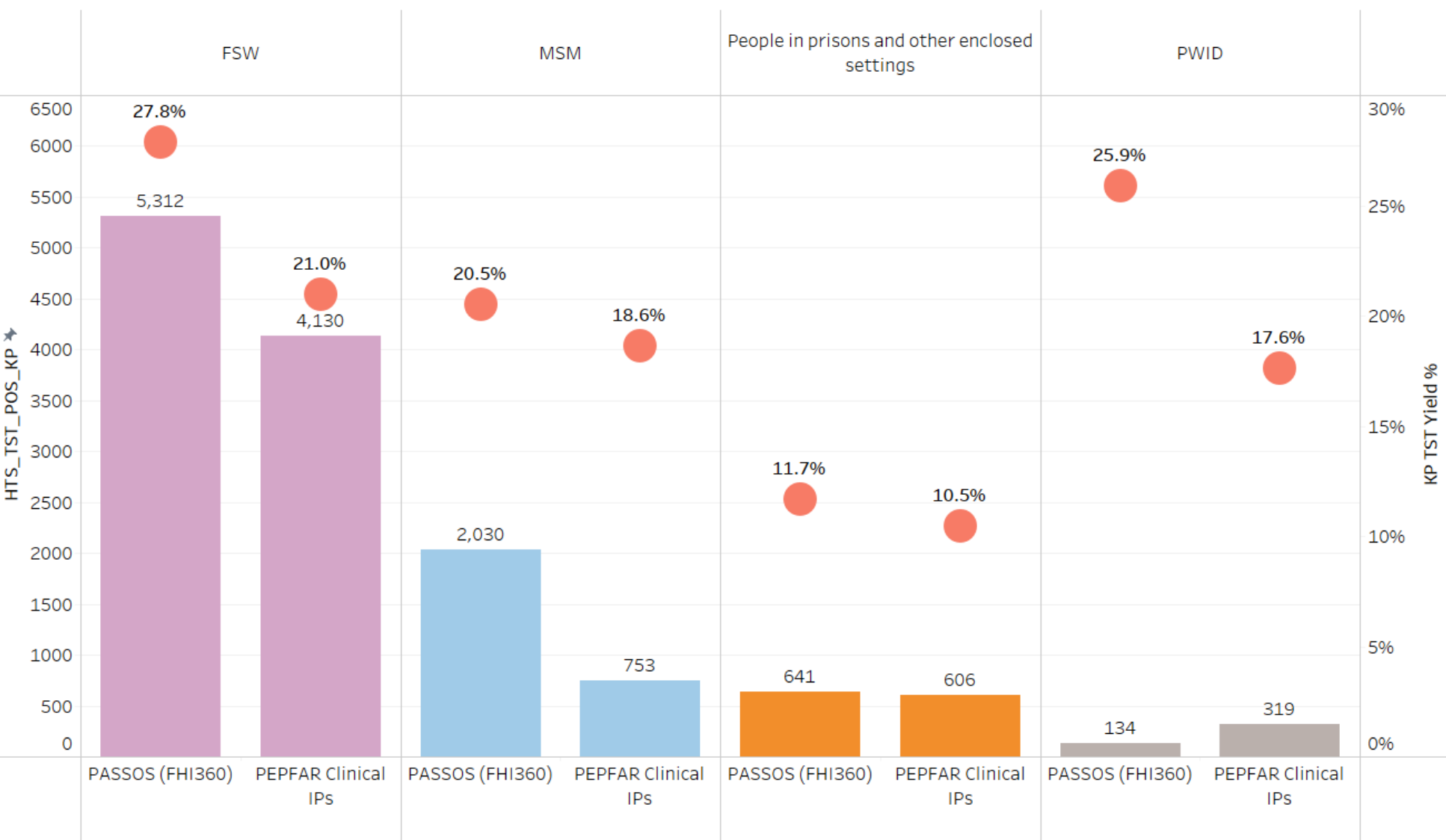
Highly Efficient KP Testing; 13,943 New KP Positives Identified Per Year

Number of Key Populations Newly Diagnosed as Positive, and Testing Yield (%), by Sub-Population and by Province, FY21 Q2-FY22 Q1.



Clinical IPs Contributing to Increased Facility-Based KP Case Identification

Number of Key Populations Newly Diagnosed as Positive, and Testing Yield (%), by Sub-Population and by Testing Partner Type (Community vs Clinical), FY21 Q2-FY22 Q1.



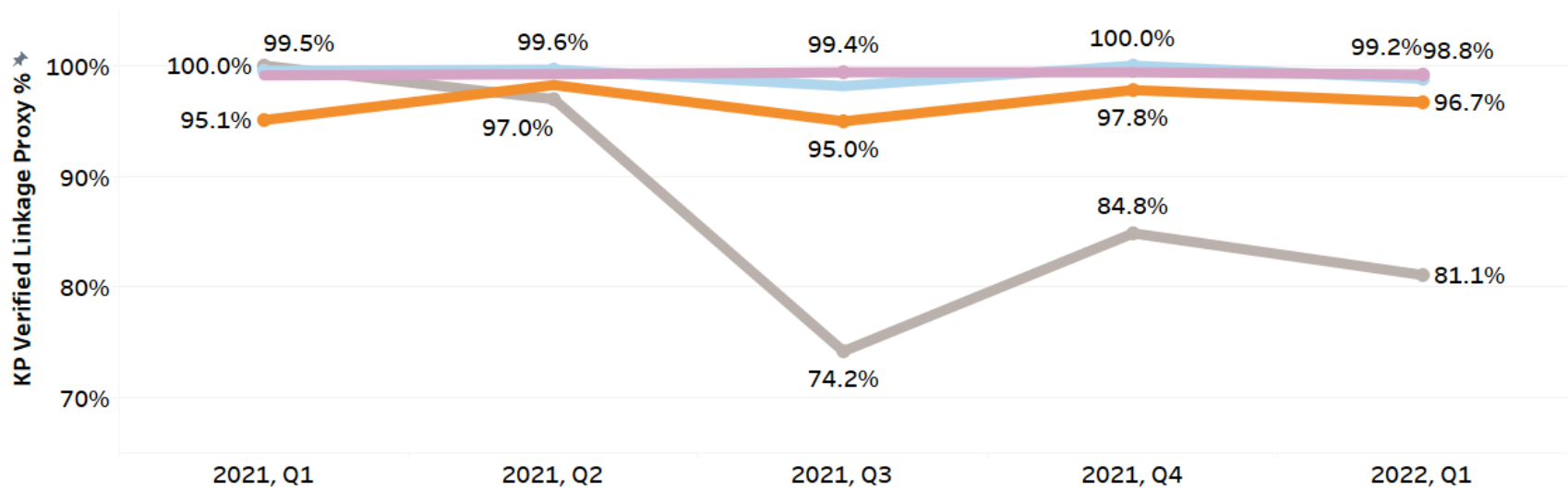
KP Sub-Population

- FSW
- MSM
- People in prisons
- PWID
- TG
- KP TST Yield %

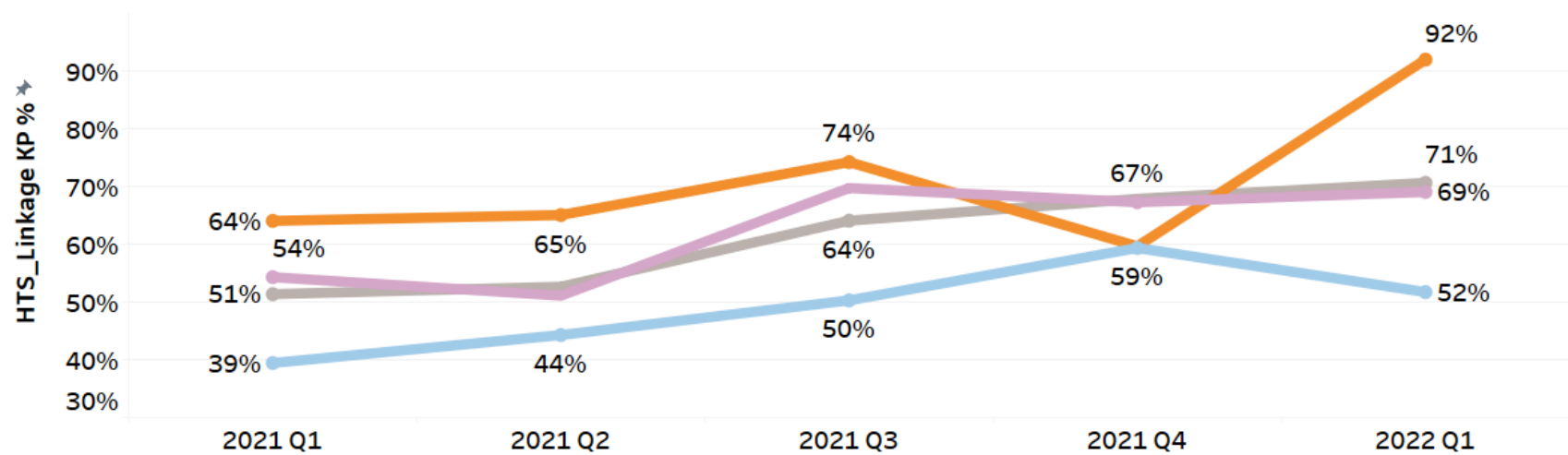
- Clinical partners now report KP testing & clinical cascade disaggregates in **401 health facilities**;
- 113% increase** in number of newly identified KP positives via health facility-based clinical IPs in FY21, as compared with FY20 results.

Strong KP Linkage Proxy (%) Reported by PASSOS – Need to Triangulate

KP Verified Linkage Proxy (%), Custom Indicator, KP Reached by PASSOS (FHI360), by Quarter, FY 2021 Q1-FY22 Q1



KP Linkage Proxy (%), MER Data Reported by PEPFAR Clinical and Community Partners, by Quarter, FY21 Q1-FY22 Q1



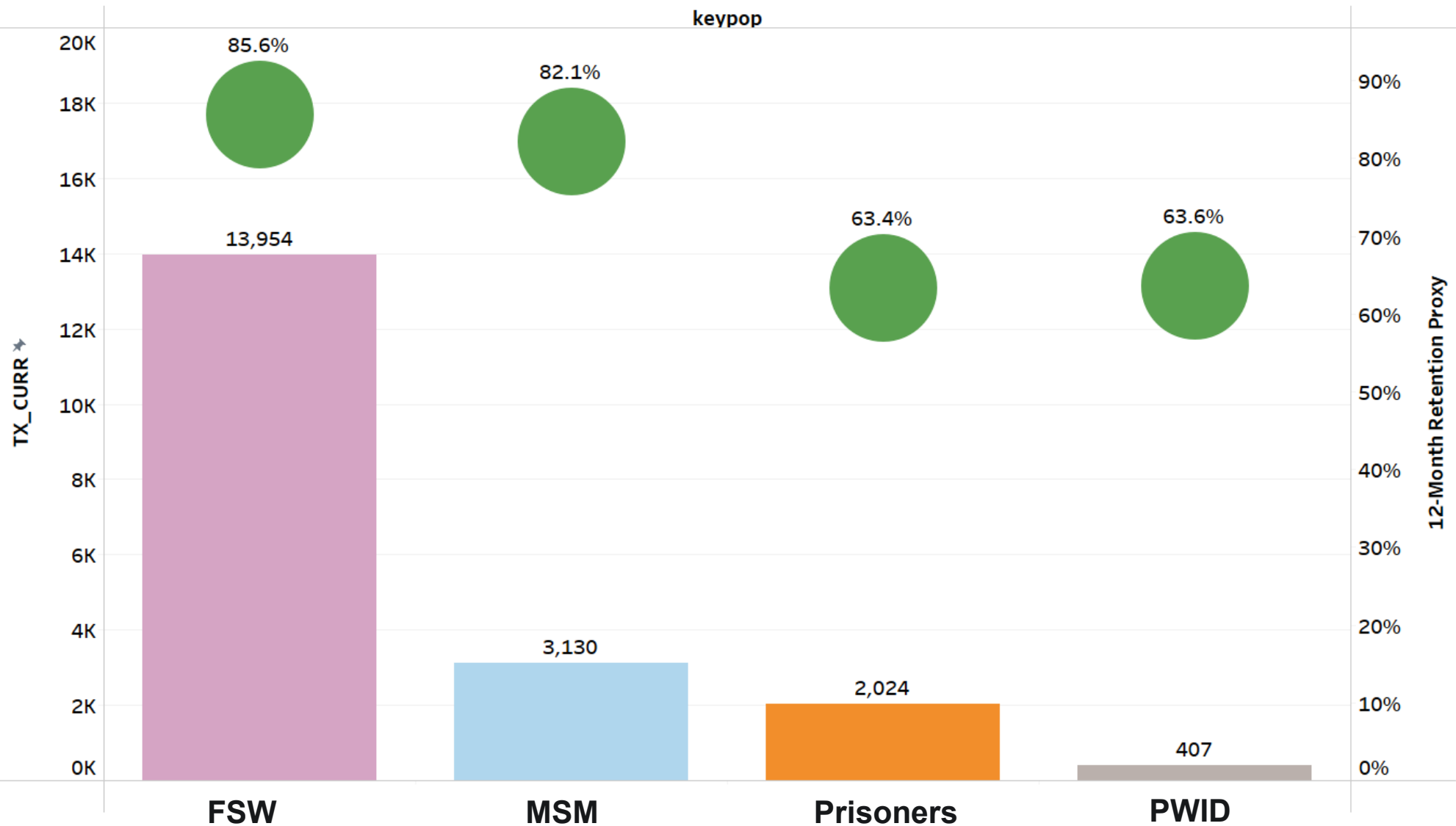
Key Population

- FSW
- MSM
- Prisoners
- PWID

- Mix of community and facility-based KP testing makes tracking linkage for KP using MER data challenging;
- Custom indicator (TX_NEW_VERIFY) offers opportunity to track those KP linked into treatment by the community KP program;
- Challenges persist linking PWID reached by community IPs;
- Need to triangulate KP linkage for MER-based reporting.

EPTS Analysis Shows Moderate KP 12-Month Retention for FSWs & MSM

EPTS Query: Numbers of KP on ART, and 12-Month Retention Proxy, FY22 Q1



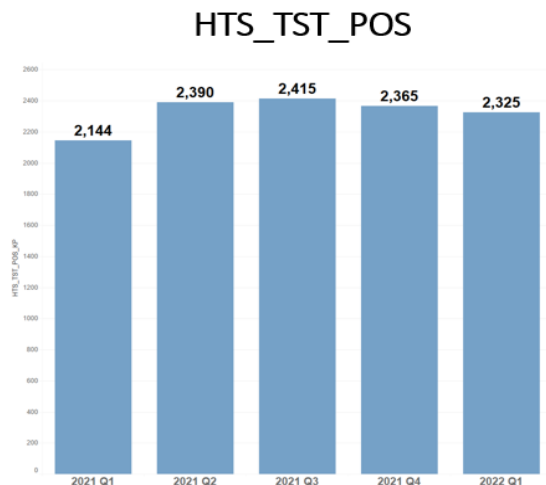
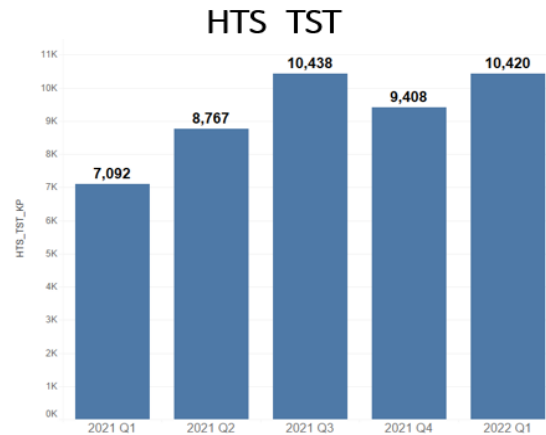
TX_CURR by KP Sub-Pop

- FSW
- MSM
- Prisoners
- PWID
- 12-Month Retention Proxy

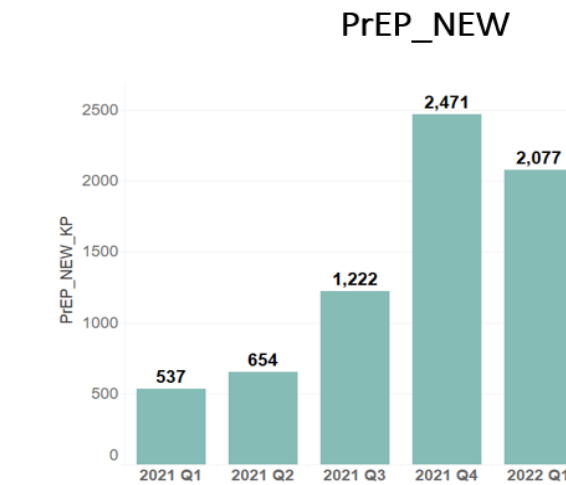
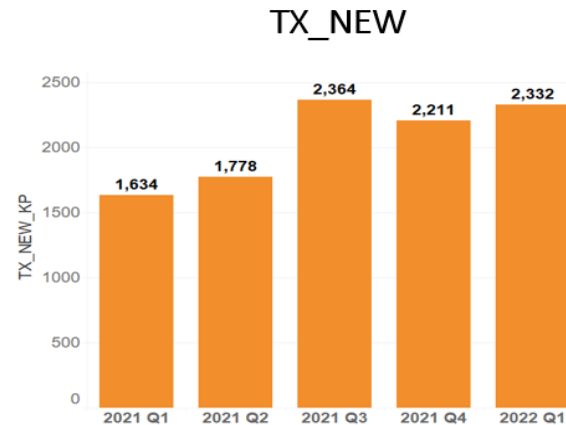
- Analysis of **19,515 EPTS records** reveal strong 12-month retention among FSWs and MSM;
- Gaps remain in 12-month retention among PWID;
- Due to highly transient nature of Prisoner population, 12-month retention may be skewed.

KP Clinical Cascade: Moderate VLT and High VLS Among FSWs

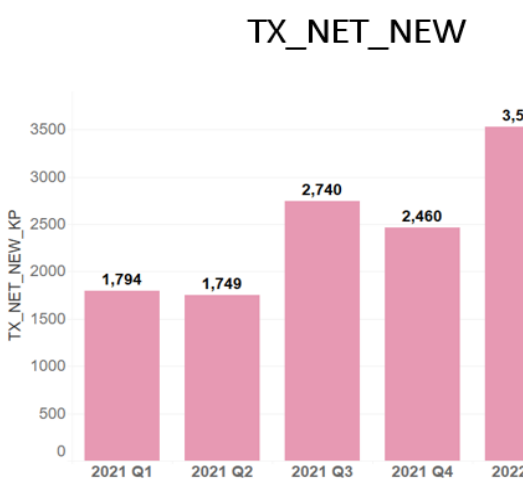
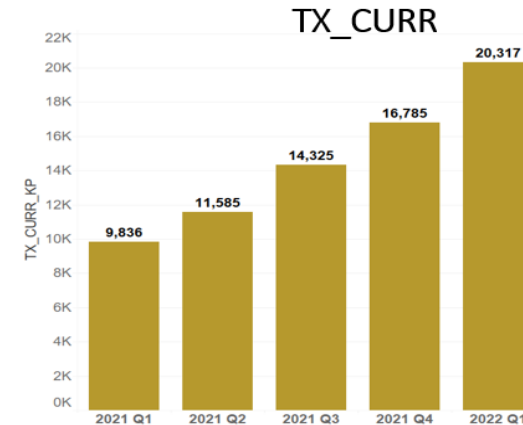
Case Identification



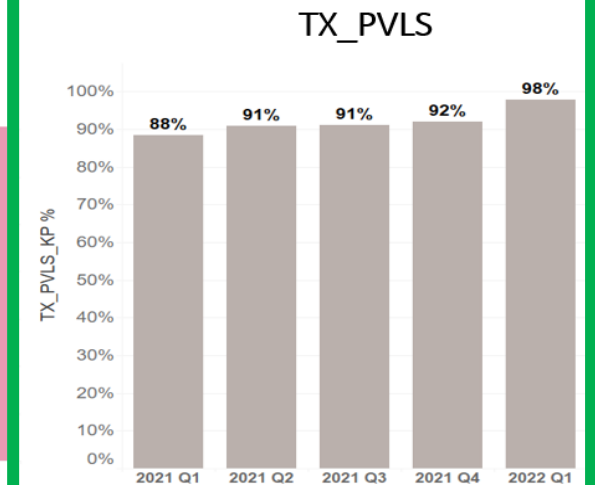
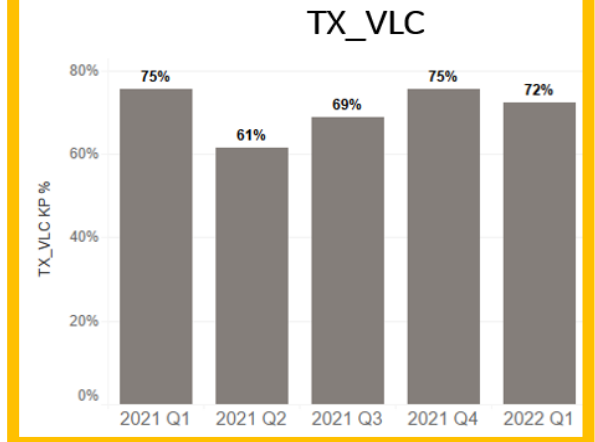
TX & PrEP Enrollment



TX Program Growth

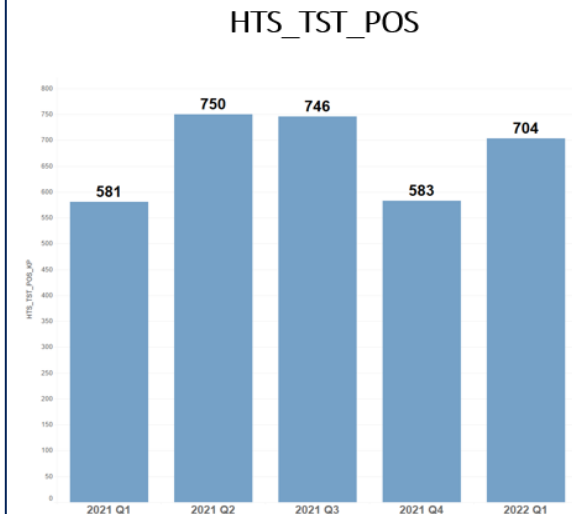
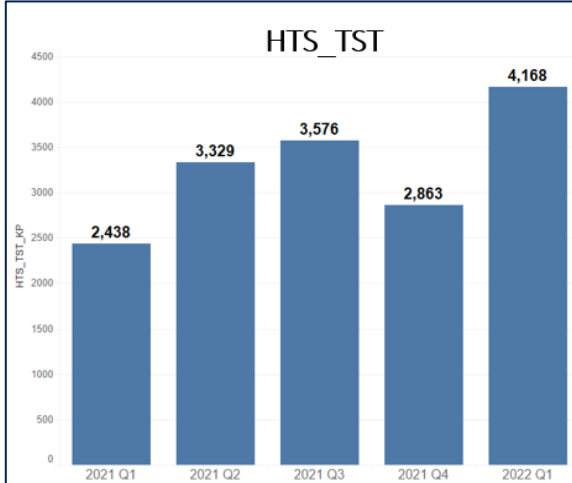


Viral Load

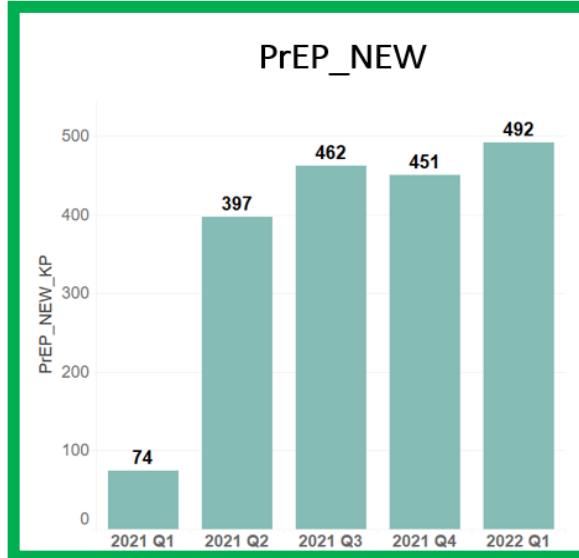
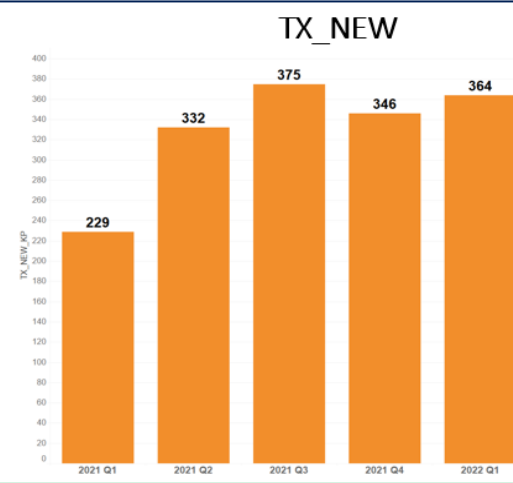


KP Clinical Cascade: Rapid PrEP Expansion; Strong VLS for MSM

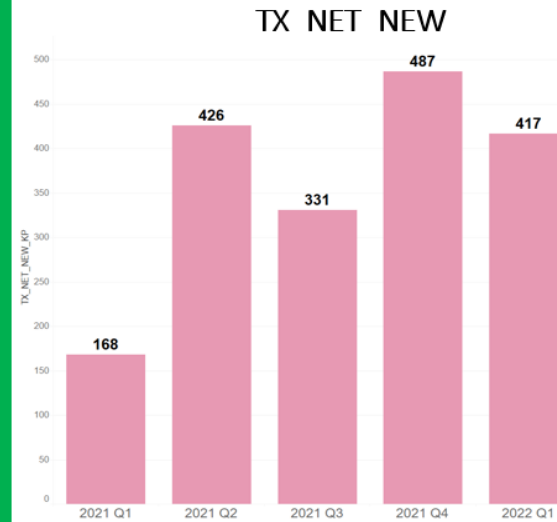
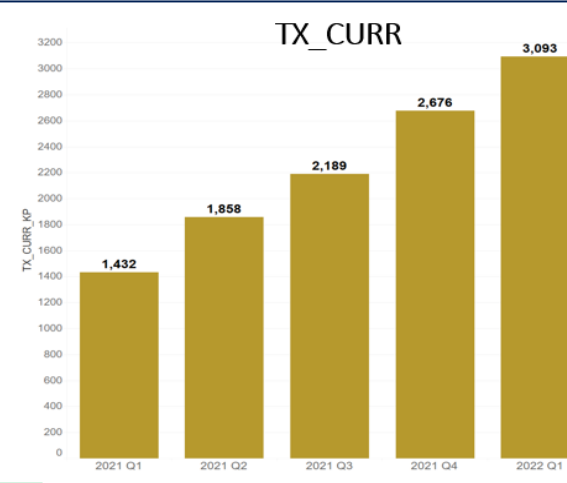
Case Identification



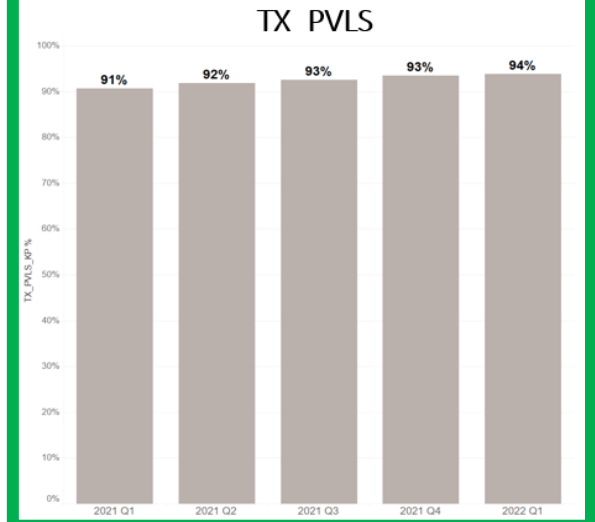
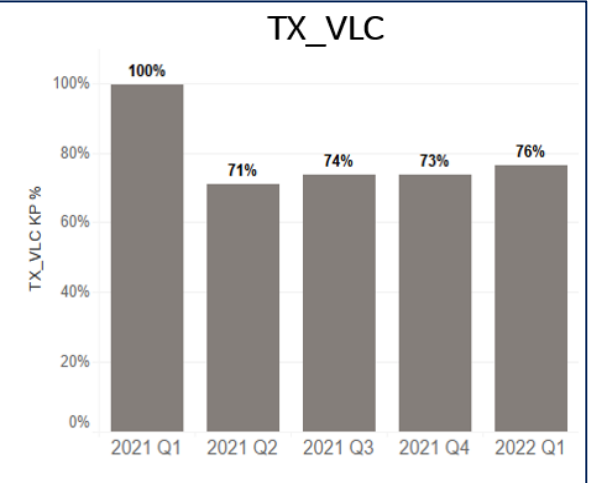
TX & PrEP Enrollment



TX Program Growth



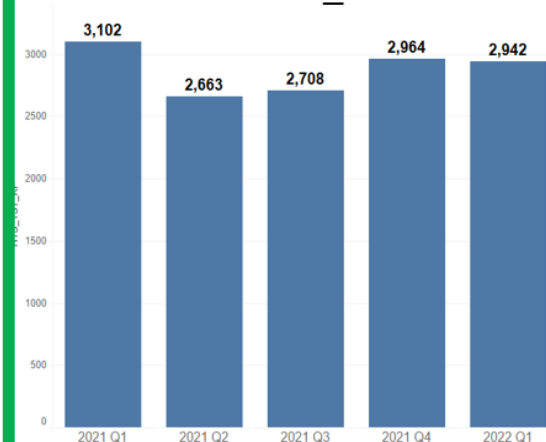
Viral Load



KP Clinical Cascade: Stable TX Growth, Low VLC Among Prisoners

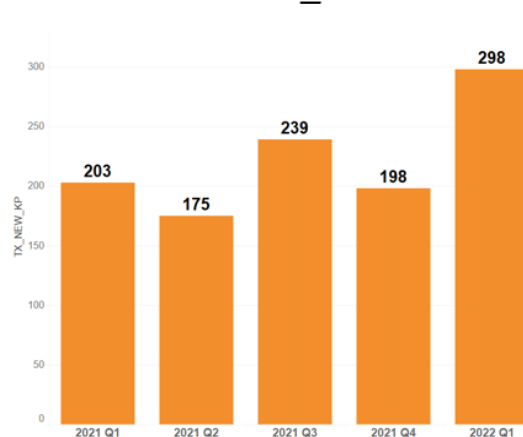
Case Identification

HTS_TST



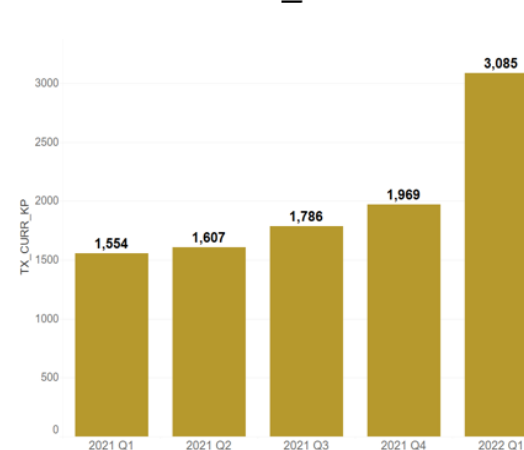
TX & PrEP Enrollment

TX_NEW



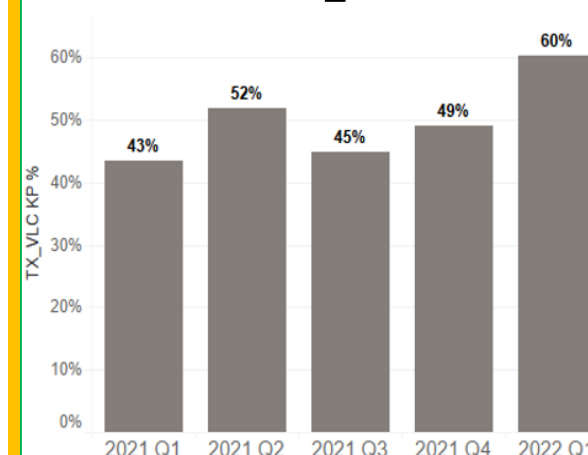
TX Program Growth

TX_CURR

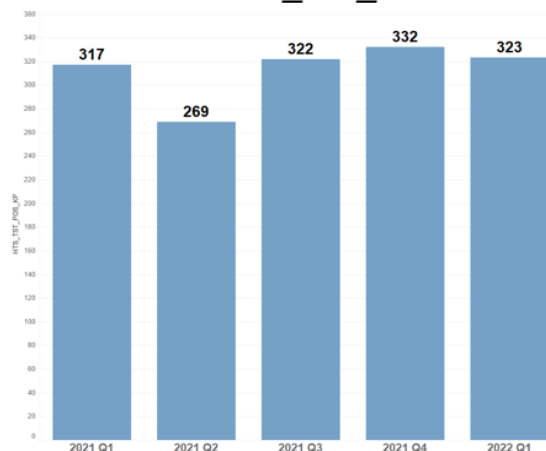


Viral Load

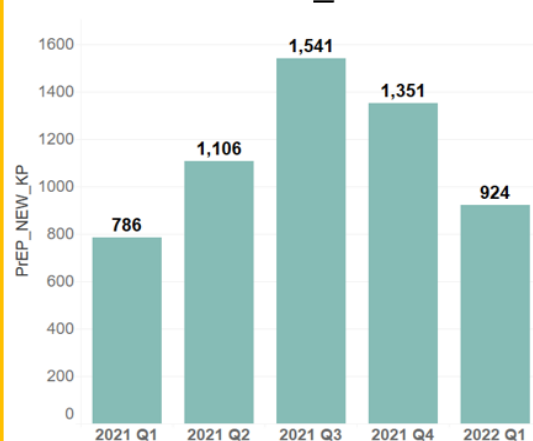
TX_VLC



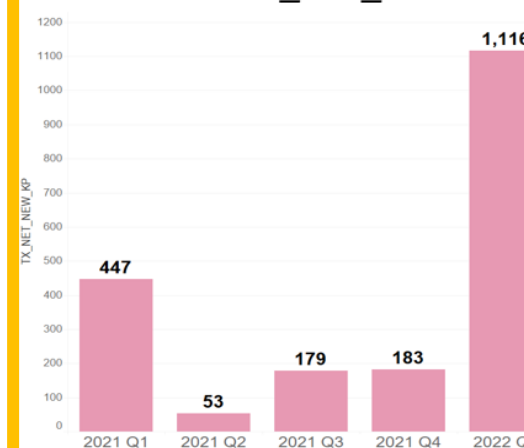
HTS_TST_POS



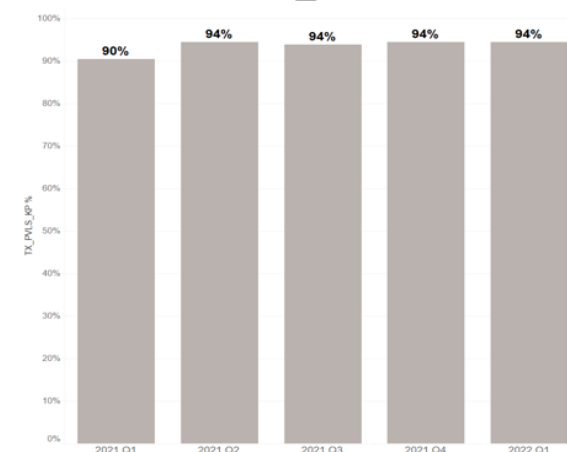
PrEP_NEW



TX_NET_NEW



TX_PVLS



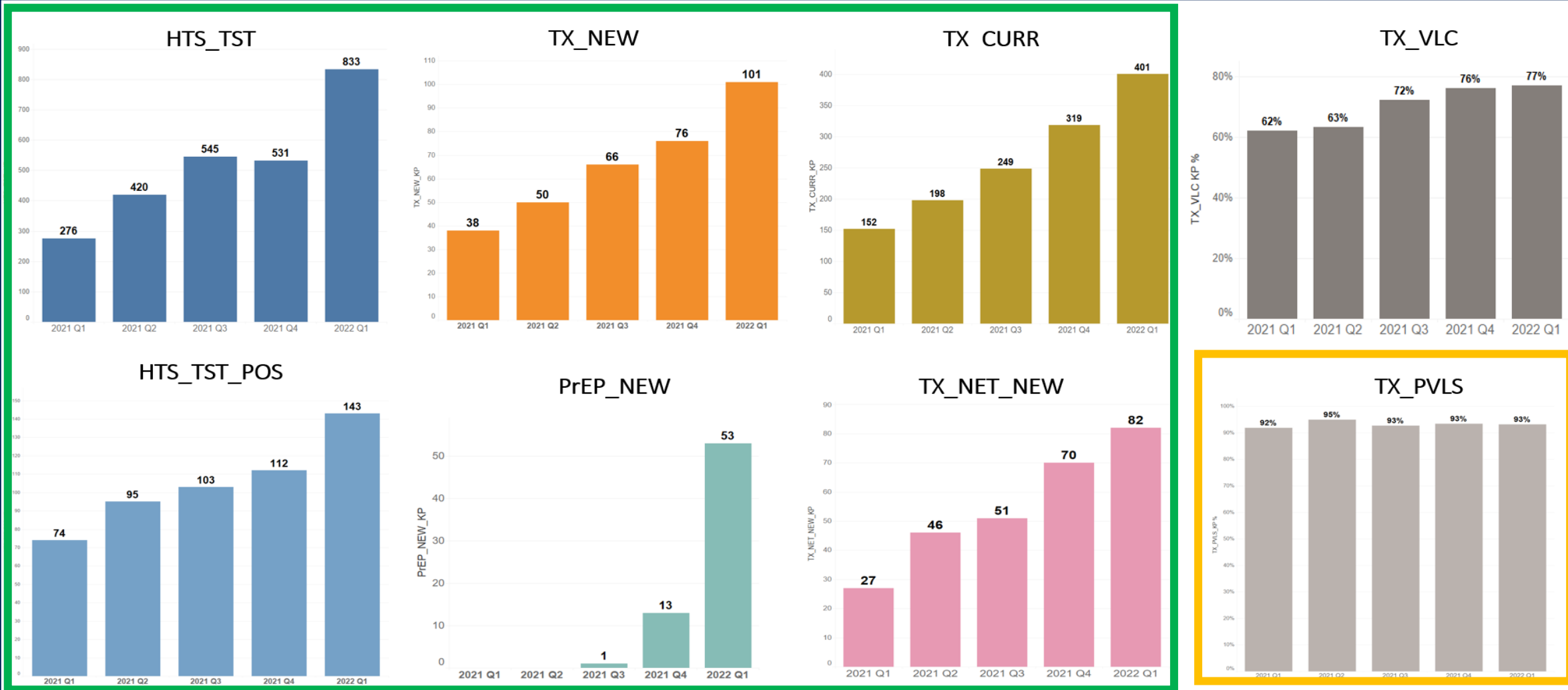
KP Clinical Cascade: Strong Testing, TX Growth Among PWID

Case Identification

TX & PrEP Enrollment

TX Program Growth

Viral Load



Community-Led Strategies to Support KP Across the Clinical Cascade:

How to ensure high-quality, stigma-free services, while reaching vulnerable KP:

Peer outreach

- Engages KP members regularly in activities for HIV prevention, testing, and related services. Focus on KP who frequent hotspots or drop-in centers

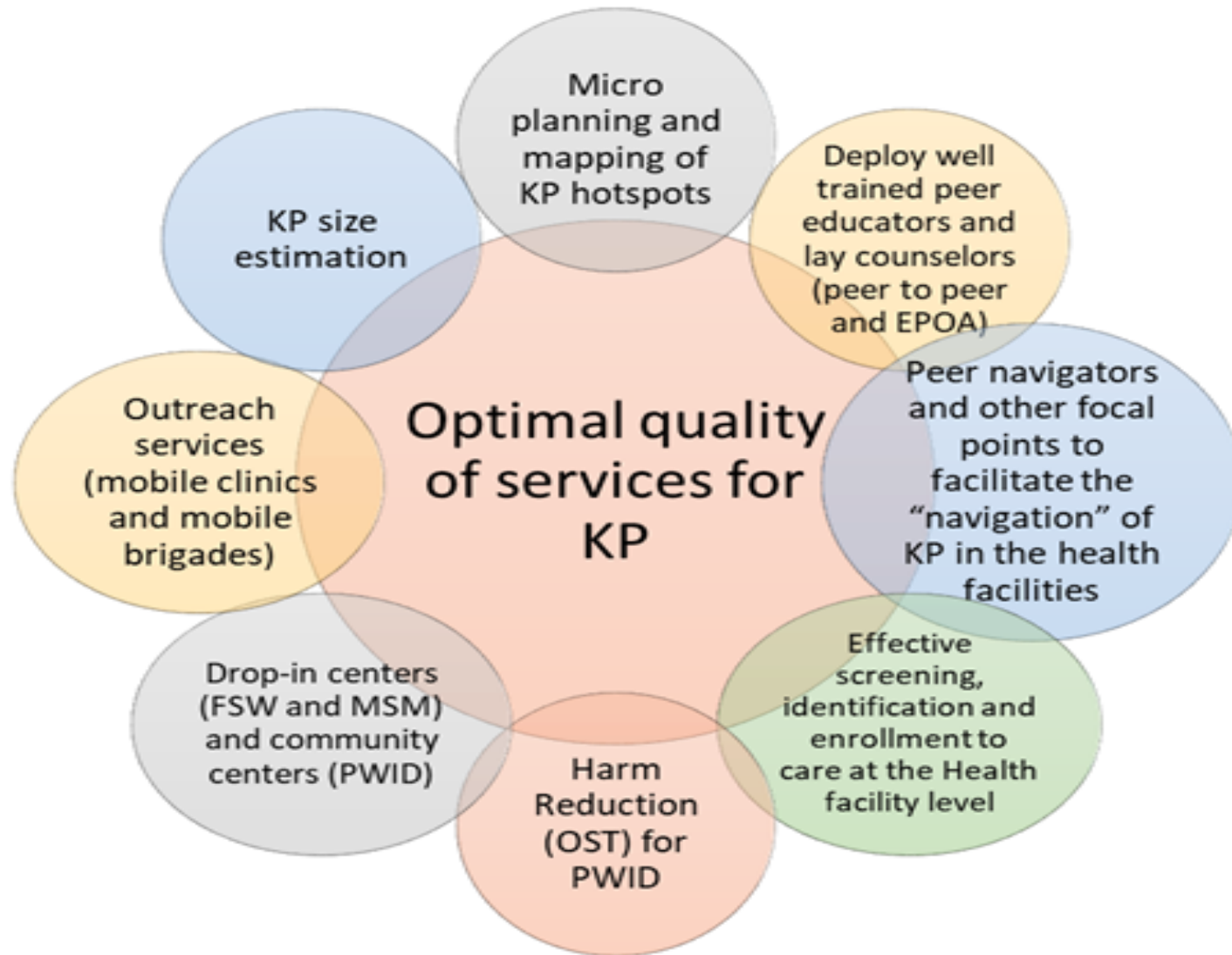
Social Network Testing and EPOA (Enhanced Peer Outreach Approach)

- Complements peer outreach by engaging previously unidentified KP members for HIV prevention and testing – particularly those who are hard to reach and who may be at high risk of HIV, or HIV positive

Peer navigator

- Supports KP members who are living with HIV so that they enroll and remain in clinical care (especially ART). Peer navigators are trained individuals who are usually living with HIV and who are often KP members

Integrated Approach to Bring High-Quality Services Closer to KP



- KP Program will continue to focus on strengthening community and clinical services
- Improve coordination between clinical and community partners
- Improve the monitoring of KP cascade as well as of key indicators
- Self-testing expansion

Addressing Structural Barriers for KP in COP21-22

Reviewing laws, policies and practices

- **Advocacy to Government to improve policies that are favorable to KP**
 - e.g. drug trafficking law that penalizes drug users;
 - Advocacy with parliamentarians (invitation of parliament delegation to visit COBs)
- Advocacy to Mental Health Department of MoH to **fast track the harm reduction strategy** (under development)
- **Advocacy to MoJ to accelerate registration of KP led CBOs**
 - e.g. LAMBDA
- Advocacy to **include KP modules in training curricula for Health Providers, Justice and Police Forces**

Reducing stigma and discrimination

- **Strengthen peer navigator role to support KP at facility level**
- **Involve KP** in the facility Health committees
- Advocate for **after hours** services for KP;
- **Train providers** to reduce the stigma and discrimination potential
- Use **media to disseminate and bring to discussion** the barriers and gaps in policies and laws for KP
- **Exchange best practices** between provinces

Preventing violence

- **IEC for implementers and KP community (to build knowledge):** disseminate information about KP rights and availability of services; directories of services
- **Regularly map prevalence of violence:** programmatic mapping (violence module); monthly reports
- **Strengthen support mechanisms for victims of sexual violence**
- **Strengthen the systems to detect and respond to violence:** advocacy to allocate KP focal points in police precincts, border posts; strengthen the referral network (focal points for violence);

Empowering community

- **Institutional capacity building of KP led organizations**
- **Training of KP** to implement programs and on how to advocate for their rights;
- **Economic strengthening activities** and support groups ("Trios", "confident friend");
- **CLM** (strengthen participation of KP)
- **Increase representation of KP voices** in the Health Facility and Community Committees



Obrigado!